

Department of Labor and Industries  
 PO Box 44324  
 Olympia, WA 98504-4324  
 1-800-845-2634 or (360) 902-6763  
 TDD (360) 902-5056  
 FAX (360) 902-5035



## INTENT TO HIRE PREFERRED WORKER

### WORKERS AND EMPLOYERS:

- To benefit from the Preferred Worker Program, the Department of Labor & Industries must receive this form and complete the job description on the reverse within 60 days of the date of hire.
- The worker must have a Preferred Worker Certificate prior to the date of hire.

### WORKER'S SECTION

Worker's Name		Social Security Number.	Claim Number
Worker Phone #	PW's Certification #		

### EMPLOYER'S SECTION

- When you hire a Preferred Worker, your industrial insurance account will not be charged for claim costs if the Preferred Worker is injured or contracts an occupational disease during the period Labor and Industries has certified the worker.
- You will be exempt from paying Accident Fund and Medical Aid Fund premiums **for the Preferred Worker** during the period Labor and Industries has certified the worker (see worker's eligibility dates below). You must report hours and pay the Supplemental Pension fund premiums for the worker with Preferred Worker Certification. **The Preferred Worker Risk Classification is 7204.** You must still pay all premiums for all other employees.
- If this worker leaves your employ within the period Labor and Industries has certified Preferred Worker status, you must notify the Department of Labor and Industries on your next quarterly report.

Employer's Business Name	UBI (state tax #)	L&I Account Number
Nature of Employer's Business		Paid OJT approved by L&I? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's Mailing Address		Employer's Phone #
Please attach a copy of the worker's job description, including the physical requirements of the job. (See attached)		
Worker's job title	Date of Hire	Today's Date
I intend to hire this Preferred Worker. I certify that I was not the employer at the time of injury and that I am not affiliated in any way with the employer at the time of injury. I certify that the attached job description accurately represent the job duties this worker will be asked to perform. I understand this worker has physical restrictions/limitations and I will not ask this worker to perform any job duties or tasks that exceed those physical limitations or restrictions.		
Employer's Signature:	Employer's name (please print)	

### L&I USE ONLY

Class Code	Approved? <input type="checkbox"/> Yes  <input type="checkbox"/> No	PW's Certification Period:		Department of Labor & Industries Approval Signature	Date
		Begins:	Ends:		



**PREFERRED WORKER  
 EMPLOYER'S JOB DESCRIPTION**

**EMPLOYER: COMPLETE THIS FORM AND FAX TO (360) 902-5035**

Job Title \_\_\_\_\_ Claim # \_\_\_\_\_  
 Employer \_\_\_\_\_ Claimant \_\_\_\_\_  
 Phone # \_\_\_\_\_ Date \_\_\_\_\_

Description completed by: \_\_\_\_\_ Title \_\_\_\_\_  
 Essential task description:

Machinery, tools, equipment and personal protective equipment:

**FOR EMPLOYER USE ONLY**

**PHYSICAL DEMANDS**

**N/A:** Not Applicable

**S:** Seldom (1-10% of the time)

**O:** Occasional ( 10-30% of the time)

**F:** Frequent (30%-70% of the time)

**C:** Constant (Over 70% of the time)

	Frequency	Comments
Sitting		
Standing		
Walking		
Driving		
Lifting ( )lb.		
Carrying: ( )lb.		
Pushing/Pulling: ( ) lb.		
Climbing Stairs/Ladders		
Bending/twisting at waist		
Kneeling/squatting		
Crouching/Kneeling		
Crawling		
Reaching above shoulder		
Repetitive Arm/Hand Motion		
Handling/Grasping	% Pinch Grip ( ) % Power Grasp ( )	
Fine Finger Manipulation		
Talking		
Hearing		
Seeing		
Other: i.e., Noise/Toxic Chemicals/Fumes Dusts, etc.		

Employer: please include any Material Safety Data Sheets (MSDS)